



ACORD Forms Notification Service October 2014 Bulletin

ACORD P&C and Life/Annuity/Health Form Changes and Additions

The following pages include both a List of recently revised ACORD forms and an Explanation of the Changes made.

Whenever possible, new and revised ACORD forms will be made available one to six months in advance of the form effective date. In these instances, companies will have this additional time to implement the forms into their systems before the current versions are replaced. Both the current versions and the revised future effective date versions will be found on the Forms Download page at www.acord.org. The effective date included on the footer of all forms will match the date the form must be used in all jurisdictions in order to ensure compliance with our filings.

ACORD has added an additional file format to the eForm library of forms. Added to the eForm zip file for the March month end release is an Acroform pdf file. This format is compliant with v1.4 of the Adobe PDF specification and uses the Acroform features of the specification to represent the interactive form. In particular this differs from the other formats ACORD currently provides by not using any XFA (XML Forms Architecture) features. In some areas, an Acroform is not as feature-rich as an XFA based form (such as the calendar), but will probably have improved compatibility with third-party software designed to work with PDF forms.

Copies of the forms referenced in this announcement can be downloaded in the formats you need at www.acord.org. To download forms, you will need to "sign-in" as an ACORD member with your user name and password. Once you are signed in, click on the Forms button, and then click on Download Forms to access the ones you need. If you need assistance, a sample of a form, or are an agent / broker who would like to join the Advantage Program, please call Member Services at (800) 444-3341, Option 2 or email us at memberservices@acord.org.

If you do not wish to receive this notification, please send an email to memberservices@acord.org requesting that we unsubscribe you to this Forms Notification Service.

ACORD Forms Release 10-31-2014

Form Number	Replaces	Title	For Use on or after:
REVISIONS			
P&C - Countrywide	NONE		
P&C - State Specific			
125 FL (2015/02)	2011/10	Florida Commercial Insurance Application	2/1/2015
855 CA (2014/11)	2014/09	California FAIR Plan Property Insurance Application for Commercial Insurance	11/1/2014
Life Countrywide	NONE		
Life - State Specific	NONE		
NEW	NONE		
WITHDRAWN	NONE		
e-Label Field Description only Corrections			
P&C Countrywide			
130 (2013/09)		Workers Compensation Application	
301 (2013/10)		National Flood Insurance Program Flood Insurance Application	
302 (2013/10)		National Flood Insurance Program Flood Insurance General Change Endorsement	
407 (2014/12) *		Livestock Mortality Section * Iteration correction also	
P&C - State Specific			
125 FL (2011/10)		Florida Commercial Insurance Application	
130 FL (2002/07)		Florida Workers Compensation Application	

e-Label Corrections: See rows highlighted in yellow in the excel Mapping List (Highlighted) spreadsheet posted on the ACORD website in the eForm zip file.

See also the FIG excel (highlighted) spreadsheet in the Toolkit zip file.

Explanation of Changes 10-31-2014

P&C FORMS

Countrywide - Revised

NONE

State Specific - Revised

125 FL (2015/02)

Florida Commercial Insurance Application Applicant Information Section

Page 1

1. Revise copyright dates to 2011, 2015

Page 2

2. ADDITIONAL INTEREST section, insert check box labeled Lender's Loss Payable in alphabetical order immediately below Leaseback Owner check box

Page 4

3. Revise Notice of Insurance Information Practices

855 CA (2014/11)

California FAIR Plan Property Insurance Application for Commercial Insurance

Commercial Application Checklist Page

1. COVERED CAUSES OF LOSS YOU MAY INSURE AGAINST AND OPTIONAL COVERAGES AVAILABLE section, add, "(go to www.cfpnet.com for more detailed coverage information) immediately below heading
2. COVERED CAUSES OF LOSS YOU MAY INSURE AGAINST AND OPTIONAL COVERAGES AVAILABLE section, revise second sentence in item 3 b. to: Coverage is provided on an actual loss sustained basis and the maximum monthly claim payment is 25% of the total amount of insurance requested.

Page 1 of Application

3. COVERAGE AND RATING section, insert a limit field with a dollar sign (\$) immediately below Personal Property of Others Usual to Occupancy labeled BUSINESS INCOME / EXTRA EXPENSE

Countrywide - New

NONE

State Specific - New

NONE

WITHDRAWN FORMS

NONE

Explanation of Changes 10-31-2014

LIFE / ANNUITY / HEALTH FORMS

Countrywide - Revised

NONE

State Specific - Revised

NONE

Countrywide - New

NONE

State Specific - New

NONE

WITHDRAWN FORMS

NONE